Pro Se 1 (Rev. 09/16) Complaint for a Civil Case			11 -0					
		M CL TO	NO OFFICE					
United State	TES DISTRICT	COURT,	7 84 6					
	4910 Har -	7 Pii 2: 43						
Distri	District of Massachusetts							
) Case No.							
)	(to be filled in by the C	lerk's Office)					
Sade Cottle) `							
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	` `) Jury Trial: (check one) ✓ Yes No)						
- V-)							
)							
Massachusetts Mutual Life Insurance Company, and Vijay Batavia)							
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))))							
COMPLAINT FOR A CIVIL CASE								
I. The Parties to This Complaint								
A. The Plaintiff(s)								
Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.								
Name	Sade Cottle							
O4 4 A 14	000							

Street Address

Street Address

38 Boynton Street

City and County

Boston, Suffolk

State and Zip Code

MA, 02130

Telephone Number

973-517-9062

E-mail Address

Sbunbury88@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case Defendant No. 1 Name Massachusetts Mutual Life Insurance Company Job or Title (if known) Street Address 1295 State Street City and County Springfield, Hampden State and Zip Code MA, 01111 Telephone Number 413-774-1000 E-mail Address (if known) Defendant No. 2 Name Vijay Batavia Job or Title (if known) **Head of Investment Accounting** Street Address 2 Park Avenue City and County New York, State and Zip Code NY 10016 Telephone Number (857) 600-6201 E-mail Address (if known) VBatavia28@massmutual.com Defendant No. 3 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known) Defendant No. 4 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number

E-mail Address (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

	•		•				
What			Tederal court jurisdiction? (check all that apply)				
	Fed	leral ques	ction Diversity of citizenship				
Fill o	ut the p	aragraph	s in this section that apply to this case.				
Α.	If the	If the Basis for Jurisdiction Is a Federal Question					
		List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.					
	Disc U.S.	Title VII of the Civil Rights Act of 1964 42 U.S.C. § 2000e et seq., 42 U.S.C. § 2000e-3(a); Pregnancy Discrimination Act of 1978 (amendment to Title VII); Family and Medical Leave Act of 1993 (FMLA) 29 U.S.C. § 2601 et seq.; 28 U.S.C. § 1331; 28 U.S.C. § 1343(a)(4); Civil Rights Act of 1991 (42 U.S.C. § 1981a) and related federal protections.					
B.	If th	e Basis f	or Jurisdiction Is Diversity of Citizenship				
	1.	The I	he Plaintiff(s)				
		a.	If the plaintiff is an individual				
			The plaintiff, (name)	, is a citizen of the			
			State of (name)				
		b.	If the plaintiff is a corporation				
			The plaintiff, (name)	, is incorporated			
		•	under the laws of the State of (name)				
			and has its principal place of business in the State of	(name)			
			ore than one plaintiff is named in the complaint, attach a information for each additional plaintiff.)	ın additional page providing the			
	2.	The I	Defendant(s)				
		a.	If the defendant is an individual				
			The defendant, (name)	, is a citizen of			
			the State of (name)	. Or is a citizen of			
			(foreign nation)				
				. Or is a citizen of			

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	b. If the defendant is a corporation	
	The defendant, (name)	, is incorporated unde
	the laws of the State of (name)	, and has its
	principal place of business in the State of (name)	
	Or is incorporated under the laws of (foreign nation)	
	and has its principal place of business in (name) (If more than one defendant is named in the complaint, attach an	additional page providing the
3.		additional page providing the

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Please see additional pages attached for detail statement regarding the following claims:

- 1. Discrimination in Violation of Title VII and the Pregnancy Discrimination Act
- 2. Retaliation in Violation of Title VII
- 3. Retaliatory and Wrongful Termination in Violation of Public Policy
- 4. Defamation

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- A. Compensatory damages for emotional distress, reputational harm, and lost wages;
- B. Punitive damages for willful and malicious conduct;
- C. Back pay and front pay;
- D. Declaratory judgment that Defendants' conduct was unlawful;
- E. Injunctive relief barring further retaliation or discrimination;
- F. Costs and attorney's fees;
- G. Any other relief as the Court deems just and proper.

V. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: $5/7$	2025	
Signature of Plaintiff	Seeds Cottle	
Printed Name of Plaintiff	Sade Cottle	
For Attorneys		
Date of signing:		
Signature of Attorney		
Printed Name of Attorney		
Bar Number		
Name of Law Firm		
Street Address		
State and Zip Code		
Telephone Number		
E-mail Address		